APPLICATION DATA SHEET

Petition Included?::

Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Petition Type::

Application Information Application Number:: June 27, 2003 Filing Date:: **Application Type::** Non-Provisional Subject Matter:: Utility Suggested Classification:: **Suggested Group Art Unit::** CD-ROM or CD-R?:: Number of CD Disks:: **Number of Copies of CDs::** Sequence Submission?:: Computer Readable Form (CFR)?:: **Number of Copies of CFR::** APPARATUS AND METHOD TO SWITCH Title:: PACKETS USING A SWITCH FABRIC WITH MEMORY **Attorney Docket Number::** 32172-188433 Request for Early Publication?:: Request for Non-Publication?:: **Suggested Drawing Figure:: Total Drawing Sheets::** 3 Small Entity?:: **Latin Name:: Variety Denomination Name::**

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship::

USA

Country::

USA

Status::

Full Capacity

Given Name::

Robert

Middle Name::

В.

Family Name::

MAGILL

Name Suffix::

City of Residence::

Mishawaka

State or Province of Residence::

Indiana

Country of Residence::

USA

Street of Mailing Address::

54750 Bonnet Hill Trail

City of Mailing Address::

Mishawaka

State or Province of Mailing

Indiana

Address::

Country of Mailing Address::

USA

Postal or Zip Code of Mailing

46545

Address::

Applicant Authority Type::

Inventor

Primary Citizenship::

USA

Country::

USA

Status::

Full Capacity

Given Name::

Kenneth

Middle Name::

P.

Family Name::

LABERTEAUX

Name Suffix::

City of Residence::

South Bend

State or Province of Residence::

Indiana

Country of Residence::

USA

Street of Mailing Address::

609 E. Oakside St.

Page 2

Initial 06/27/03

City of Mailing Address::	South Bend
State or Province of Mailing	Indiana
Address:: Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	46614-1210
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	TV
Name Suffix::	×.
City of Residence::	a :
State or Province of Residence::	*
Country of Residence::	1.
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	÷
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity

Given Name:: Middle Nam ::

Family Name::

Name Suffix::			
City of Residence::			
State or Province of Residence::			3: ·'
Country of Residence::	-30-	•	
Street of Mailing Address::			· ·
City of Mailing Address::	*	·	· · · · · · · · · · · · · · · · · · ·
State or Province of Mailing Address:: Country of Mailing Address::		•.	*
Postal or Zip Code of Mailing Address::		*	
Correspondence Information			
Correspondence Customer Number::	26694		
Phone Number::	(202) 962-4800		
Fax Number::	(202) 962-8300		
E-Mail Address::	. :		
Representative Information			
Representative Customer Number::	26694		
*	· ·		
Domestic Priority Information	1		

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Current	Non-Provisional of	60/392,422	June 27, 2002
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignee Information

Assignee Name::

Tellabs Operations, Inc.

Street of Mailing Address::

One Tellabs Center

1415 West Diehl Road, MS 16

City of Mailing Address::

Naperville

State or Province of Mailing

Illinois

Address::

Country of Mailing Address::

USA

Postal or Zip Code of Mailing

60563

Address::

DC2-467124